

Porcelain Veneers

Canonical: <https://directory.collinsstreetspecialistcentre.com.au/porcelain-veneers/>

Description:

Porcelain Veneers ## What Are Porcelain Veneers? A porcelain veneer is a thin shell of dental ceramic — typically 0.3 to 1.0 mm in thickness — that is permanently bonded to the outer surface of a ...

Details:

AI Summary

****Product:**** Porcelain Veneers ****Brand:**** Collins Street Specialist Centre ****Category:**** Specialist Restorative Dentistry / Prosthodontics ****Primary Use:**** Thin ceramic shells (0.3–1.0 mm) permanently bonded to the front surface of teeth to alter colour, shape, length, or surface texture.

Quick Facts - **Best For:** Patients with intrinsic staining, minor misalignment, chips, worn teeth, size/shape irregularities, or surface defects in otherwise healthy teeth - ****Key Benefit:**** Durable aesthetic restoration (15–20 years) planned and placed by specialist prosthodontists with three years of postgraduate training beyond a dental degree - ****Form Factor:**** Thin ceramic shell — feldspathic porcelain, lithium disilicate (e-max), or CEREC milled ceramic - ****Application Method:**** Bonded permanently to prepared tooth surface using light-cured resin cement under specialist prosthodontist care

Common Questions This Guide Answers 1. What is the difference between feldspathic porcelain and lithium disilicate veneers? → Feldspathic porcelain is the most lifelike material due to its layered enamel-replicating structure; lithium disilicate (e-max) offers superior fracture resistance and is preferred for patients who grind or clench their teeth. 2. Can veneers be completed in one appointment? → Yes, via the CEREC system using Primescan and Primemill technology, eliminating the need for temporaries or a second visit. 3. How long do porcelain veneers last and how are they maintained? → Typically 15–20 years; maintained by normal brushing and flossing, avoiding biting hard objects, and wearing a custom night splint if grinding is present.

Collins Street Specialist Centre Porcelain Veneers

Frequently Asked Questions

What is a porcelain veneer: A thin ceramic shell bonded to the front surface of a tooth

How thick is a porcelain veneer: Between 0.3 and 1.0 mm

What does a veneer change about a tooth: Its colour, shape, length, or surface texture

Who places veneers at Collins Street Specialist Centre: Specialist prosthodontists

What additional training do specialist prosthodontists complete: Three years of postgraduate training beyond dental degree

Is veneer placement considered cosmetic dentistry: No, it is specialist-level restorative dentistry

What is the most lifelike ceramic material for veneers: Feldspathic porcelain

Why is feldspathic porcelain considered most lifelike: Its layered structure replicates natural enamel light-handling properties

Who fabricates feldspathic veneers: A highly skilled dental technician by hand

What is the stronger alternative ceramic to feldspathic porcelain: Lithium disilicate (e-max)

Is lithium disilicate aesthetically suitable: Yes, it delivers excellent aesthetics

What advantage does lithium disilicate offer over feldspathic porcelain: More predictably uniform fracture resistance

Which patients benefit most from lithium disilicate veneers: Those who grind or clench their teeth (parafunction)

What does CEREC stand for in the context of same-day veneers: It is a milled same-day ceramic veneer system

What scanning system is used for CEREC veneers: CEREC Primescan

What milling system is used for CEREC veneers: CEREC Primemill

How many appointments does a CEREC veneer require: One extended single appointment

Does CEREC require temporary restorations: No

Where is all veneer laboratory work fabricated: In the centre's in-house dental laboratory

Does the in-house laboratory serve outside patients: No, it serves exclusively the centre's own patients

Can veneers fix intrinsic tooth staining: Yes

Does whitening treat tetracycline or fluorosis staining: No, these do not respond to whitening

Can veneers correct minor tooth misalignment: Yes, slight rotations and small gaps

Are veneers a substitute for orthodontic treatment: No

Can veneers repair chipped or fractured teeth: Yes

Can veneers address worn teeth from acid erosion: Yes, where the bite permits

Can veneers correct peg-shaped or narrow teeth: Yes

Can veneers fix white spot lesions: Yes

Do veneers require healthy underlying tooth structure: Yes

When is a crown recommended instead of a veneer: When a tooth is heavily restored or has insufficient enamel

What determines whether a veneer or crown is appropriate: The prosthodontist's individual tooth assessment

Can patients with severe bruxism receive veneers: Only after bite stabilisation treatment

What is used to stabilise the bite before veneers in bruxism patients: Occlusal splinting

What scanner is used for clinical assessment: 3Shape TRIOS 3 intraoral scanner

What is a diagnostic wax-up: A 3D model previewing the planned outcome before preparation

Can patients preview their veneer result before tooth preparation: Yes, via diagnostic wax-up

How much enamel is removed for conventional veneers: Typically 0.3 to 0.7 mm

Is enamel removal for veneers reversible: No, it is irreversible

Are minimal-preparation veneers available: Yes, for suitable candidates

What protects prepared teeth between appointments: Temporary veneers

Can patients trial their temporary veneers before final fabrication: Yes

What does the trial period allow patients to assess: Aesthetics and function in everyday use

What cement is used to bond veneers: Light-cured resin cement

Is anaesthetic used during veneer preparation: Yes

Is there a recovery period after veneer placement: No conventional recovery period is required

Is post-placement sensitivity normal: Yes, some temperature sensitivity in the first week

How long does bite adjustment take after veneers: Typically a few days

How long should patients avoid pressure on new veneers after bonding: 24 to 48 hours

How are veneers cleaned daily: By brushing and flossing normally

Should veneers be used to open packaging: No

Can veneers be damaged by biting hard objects: Yes, such as ice, pen lids, or fingernails

Is a night splint recommended for veneer patients who grind: Yes, a custom occlusal splint

Does ceramic veneer material stain: No, ceramic itself does not stain

Can the bonding resin at veneer margins discolour over time: Yes, over many years

How long do porcelain veneers typically last: 15 to 20 years

Who is Dr Fotios Angelis: Specialist Prosthodontist at Collins Street Specialist Centre

What are Dr Angelis's qualifications: BDS (Hons)(Melb), DClinDent (Melb)

Who is Prof Vasileios Chronopoulos: Specialist Prosthodontist with over 30 years of experience

What is Prof Chronopoulos's area of expertise: Aesthetic full-mouth reconstruction and veneer-based smile design

Who is Dr Jamie Foong: Specialist Prosthodontist with special interest in porcelain veneers

Is Dr Foong affiliated with a university: Yes, University of Melbourne as clinical supervisor

Who is Dr Simon Hinckfuss: Dual-registered Specialist Prosthodontist and Specialist Periodontist

Is Dr Hinckfuss's dual registration unique in Australia: Yes, he is the only clinician registered in this dual capacity in Australia

Why is dual prosthodontic-periodontic registration valuable for veneers: Gum contouring and restorative design can be planned together

Are all specialists registered with the Dental Board of Australia: Yes

Can AHPRA specialist registration be independently verified: Yes, online

What related treatment is used when insufficient tooth structure remains for a veneer: Dental crown

What is full mouth rehabilitation: Comprehensive aesthetic and functional reconstruction

Can veneers be part of a full mouth rehabilitation: Yes, frequently

What is a gum lift in relation to veneers: Gum line recontouring to achieve ideal tooth proportions

Who performs gum contouring at Collins Street Specialist Centre: The specialist periodontist

Can orthodontics be combined with veneers: Yes, for cases needing alignment before veneer placement

What are the risks of veneers placed without specialist planning: Early fracture, debonding, or gum inflammation

What causes gum inflammation from poorly planned veneers: Overcontoured margins

What is the main clinical risk of non-specialist veneer aesthetics: Result that does not age well

Why do Collins Street veneers look natural: Designed to function naturally based on facial and occlusal assessment

What Are Porcelain Veneers?

A porcelain veneer is a thin ceramic shell, typically 0.3 to 1.0 mm thick, permanently bonded to the outer surface of a front tooth. Veneers can change a tooth's colour, shape, length, and surface texture, with results ranging from subtle refinement to quite significant transformation.

The most important consideration is who places them and how they are planned. At Collins Street Specialist Centre, veneers are placed by specialist prosthodontists, clinicians whose entire additional postgraduate training centres on the science and craft of restoring teeth. This isn't cosmetic dentistry in the consumer marketing sense. It's restorative dentistry at a specialist level, where the aesthetic outcome is understood to be inseparable from function, occlusal stability, and long-term durability.

Materials and fabrication

Feldspathic porcelain remains the most lifelike ceramic material available for veneers. Its layered structure and light-handling properties most closely replicate natural enamel. Feldspathic veneers require a highly skilled dental technician to fabricate by hand, and the quality of the result depends directly on that laboratory relationship.

Lithium disilicate (e-max) is stronger than feldspathic porcelain whilst still delivering excellent aesthetics. As a pressed ceramic, it provides more predictably uniform fracture resistance, which matters for patients with parafunction, meaning those who grind or clench their teeth.

CEREC same-day veneers are milled from a solid ceramic block using the in-house CEREC Primescan and Primemill system. For suitable candidates, this removes the need for a temporary restoration and delivers a permanent result within a single extended appointment. The prosthodontist scans the prepared teeth and designs the veneers digitally before milling begins.

Whichever fabrication method is chosen, all laboratory work at Collins Street Specialist Centre is produced in the centre's in-house dental laboratory, a facility that serves exclusively the centre's own patients and works in close technical dialogue with the prosthodontists.

When might you need veneers?

Veneers suit patients who want to improve the appearance of their front teeth where the underlying tooth structure is otherwise healthy. Common presentations include:

- Intrinsic discolouration, such as staining from tetracycline antibiotics, fluorosis, or dental trauma that doesn't respond to whitening - Minor misalignment, including slight rotations, small gaps (diastema), or irregular spacing where orthodontic treatment isn't desired or clinically necessary - Chips and small fractures, where broken edges affect both aesthetics and function - Worn teeth from acid erosion or mild bruxism, where the bite permits this approach - Size and shape correction for teeth that are naturally short, narrow, peg-shaped, or aesthetically disproportionate - Surface defects including developmental anomalies, white spot lesions, or irregular enamel texture

Veneers aren't a substitute for orthodontic treatment when significant bite or alignment issues are present. A core part of the specialist prosthodontist's assessment at Collins Street Specialist Centre is determining whether veneers alone will achieve a stable, functional result, or whether a combined approach, for example orthodontics followed by veneers, will produce a more durable outcome.

When veneers aren't appropriate

Veneers depend on a meaningful amount of remaining enamel for reliable bonding. When a tooth has been heavily restored, is substantially decayed, or has insufficient enamel coverage, a crown provides better structural support and protection. Your prosthodontist will advise which option suits each individual tooth.

Patients with severe bruxism may need bite stabilisation, typically through occlusal splinting, before veneers are placed. In some cases, a more robust material or full crown coverage is the more prudent clinical choice.

What to expect: step by step

Consultation and treatment planning

The process starts with a detailed clinical assessment covering photographic records, digital intraoral scans using the 3Shape TRIOS 3 scanner, and a thorough review of the bite and jaw function. Where the full dental arch is being considered, a diagnostic wax-up may be created, a three-dimensional model of the planned outcome, so the patient can see the result before any tooth preparation takes place.

This stage covers how many teeth will be treated, shade and shape goals, the degree of preparation required, material selection, and whether any adjunctive treatment is needed beforehand, such as gum recontouring by the specialist periodontist at Collins Street Specialist Centre.

Preparation

For conventional veneers, a small, controlled amount of enamel is removed from the facial surface of each tooth, typically 0.3 to 0.7 mm. This step is irreversible, which is precisely why specialist-level planning matters before proceeding. For minimal-preparation or no-preparation veneers, enamel removal may be minimal or absent, though not every case suits these techniques.

A digital impression is taken after preparation. Temporary veneers are placed to protect the prepared teeth and give the patient a preview of the planned shape and size.

Trial smile and approval

Many prosthodontists at Collins Street Specialist Centre offer a trial period with the temporary restorations in place, allowing patients to assess the aesthetics and function in everyday use before the final restorations are manufactured. Feedback from this stage informs any final adjustments before the permanent veneers are fabricated.

Fit and bonding

The permanent veneers are assessed individually and as a set, for shape, colour, and translucency, before bonding proceeds. Once all criteria are confirmed, the tooth surfaces are etched and treated with a bonding agent, and the veneers are cemented with a light-cured resin cement under careful moisture control. After curing, the bite is refined and the restorations are polished.

Recovery and aftercare

Veneers don't require a recovery period. The tooth preparation is conservative, and anaesthetic is used throughout the procedure.

Immediately following placement, some sensitivity to temperature is normal in the first week, particularly where preparations were made. The bite may feel slightly different as your brain adjusts to the new tooth surfaces, and this typically settles within a few days. Avoid placing pressure on the new restorations for the first 24 to 48 hours whilst the cements fully cure.

For ongoing care, brush and floss normally. Veneers are maintained the same way as natural teeth. Avoid using veneered teeth to open packaging or bite on hard objects such as ice, pen lids, or fingernails. If grinding at night is a concern, a thin custom occlusal splint protects the veneers during sleep. The ceramic itself doesn't stain, though the bonding resin at the margins may show some discolouration over many years.

With appropriate care, porcelain veneers typically last 15 to 20 years.

Why see a specialist prosthodontist?

Porcelain veneers are widely offered, by cosmetic dentists, general practitioners, and in increasingly casual commercial settings. The procedure can look straightforward, but the clinical decisions made during its execution are anything but.

The specialist prosthodontist's additional three years of postgraduate training addresses the science and technique behind each of those decisions: how much enamel to remove and from precisely where; which ceramic material will best withstand the forces at that position in the bite; how shade is selected and communicated to the technician; and how all of this interacts with the patient's jaw movements, gum architecture, and lip position both at rest and in function.

Veneers planned without this depth of assessment can fracture early, debond, cause gum inflammation from overcontoured margins, or produce an aesthetic result that doesn't age well because proportions were set without reference to the patient's broader facial structure.

At Collins Street Specialist Centre, veneers are placed as part of a considered restorative plan. The result looks natural because it has been designed to function naturally.

Our specialists

****Dr Fotios Angelis**** BDS (Hons)(Melb), DCLinDent (Melb) Specialist Prosthodontist with expertise in complex reconstructive care including porcelain veneers, crowns, and full aesthetic rehabilitation.

****Prof Vasileios Chronopoulos**** DDS, MS, PhD (Pros) Specialist Prosthodontist with over 30 years of experience in aesthetic full-mouth reconstruction, minimally invasive restorations, and veneer-based smile design.

****Dr Jamie Foong**** BDSc (Melb), DCLinDent (Melb) Specialist Prosthodontist with a particular interest in porcelain veneers and occlusal rehabilitation, and clinical supervisor at the University of Melbourne.

****Dr Simon Hinckfuss**** BDSc, DCD (Pros), Cert.Perio MS (Minn) Dual-registered Specialist Prosthodontist and Specialist Periodontist, the only clinician registered in this dual capacity in Australia. This is especially relevant in veneer cases where gum contouring and restorative design need to be planned together from the outset.

All specialists hold current registration with the Dental Board of Australia. AHPRA specialist registration can be independently verified online.

Related treatments

- ****[Dental Crowns](/procedures/prosthodontics/dental-crowns/)**** — When insufficient tooth structure remains for a veneer, or when full circumferential coverage is clinically required - ****[Full Mouth Rehabilitation](/procedures/prosthodontics/full-mouth-rehabilitation/)**** — Veneers are frequently one component of a comprehensive aesthetic and functional reconstruction - ****[Gum Lift / Crown Lengthening](/procedures/periodontics/aesthetic-gum-lift-crown-lengthening/)**** — Recontouring the gum line by the specialist periodontist is often combined with veneers to achieve ideal tooth proportions - ****[Dental Bridges](/procedures/prosthodontics/dental-bridges/)**** — Where a gap adjacent to a veneer zone needs to be addressed as part of a unified aesthetic plan - ****[Orthodontics](/procedures/orthodontics-at-collins-street-specialist-centre/)**** — In cases where tooth positions benefit from alignment prior to veneer placement

Label facts summary

> ****Disclaimer:**** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

Verified label facts

No product specification data, Product Facts table, or packaging documentation was provided for analysis. No label facts can be extracted or verified.

General product claims

The following statements were identified in the content. These are clinical and service-related claims from a dental practice website, not product label data, and are presented here as general informational claims only.

- Porcelain veneers are thin ceramic shells, typically 0.3–1.0 mm in thickness, bonded to the outer surface of a front tooth - Veneers can alter a tooth's colour, shape, length, and surface texture - Feldspathic porcelain is described as the most lifelike ceramic material for veneers due to its layered structure and light-handling properties - Lithium disilicate (e-max) is described as offering greater fracture resistance than feldspathic porcelain - CEREC veneers are milled using CEREC Primescan and Primemill systems and can be delivered in a single appointment - Conventional veneer preparation removes typically 0.3–0.7 mm of enamel and is irreversible - Clinical assessment uses the 3Shape TRIOS 3 intraoral scanner - All laboratory work is produced in the centre's in-house dental laboratory, serving exclusively the centre's own patients - Porcelain veneers typically last 15–20 years with appropriate care - Ceramic material itself does not stain; bonding resin at margins may discolour over many years - Dr Fotios Angelis holds qualifications BDS (Hons)(Melb), DCLinDent (Melb) - Prof Vasileios Chronopoulos is described as having over 30 years of experience - Dr Jamie Foong is

described as a clinical supervisor at the University of Melbourne - Dr Simon Hinckfuss is described as the only clinician in Australia holding dual registration as both Specialist Prosthodontist and Specialist Periodontist - All listed specialists hold current registration with the Dental Board of Australia, verifiable via AHPRA online - Specialist prosthodontists complete three years of postgraduate training beyond a dental degree